

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

In re:

Chapter 13

Matthew Stoll

Case No. 18-22624-rdd

Debtor.

-----X

CREDITOR LOSS MITIGATION AFFIDAVIT

STATE OF NEW YORK)
)ss.:
COUNTY OF ERIE)

I, Ashley N. Nemec, being sworn, say:

On June 29, 2018, Wells Fargo Bank N.A. advised the law firm of Gross Polowy, LLC to serve a true copy of the Financial Packet and a request for the following documents:

☐ A copy of the Debtor(s) two (2) most recent federal income tax returns; [See “Other” below]

☐ A copy of the Debtor(s) last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor(s); [See “Other” below]

Or, if Debtor(s) is/are self employed:

☐ A copy of the Debtor(s)= business= two (2) most recent months= Profit and Loss Statements, setting forth a breakdown of the monthly business income and expenses for the months of; [See “Other” below]

☐ A copy of the Mortgagee=s completed Financial Worksheet; [See “Other” below]

☐ Proof of Second/Third Party Income by Affidavit of the party, including the party=s last two (2) paycheck stubs, [See “Other” below]

☒ Other (please specify):

-Please see the attached blank loss mitigation package

The Secured Creditor reserves its right to request further information from the Debtor if necessary.

Please be advised that the Creditor designates the following person to be its Loss Mitigation contact:

Name: Angela Burt

Title: Bankruptcy Loss Mitigation Specialist

Phone Number: 855-716-0537


Fax Number: _____

Email Address: Angela.R.Burt@wellsfargo.com

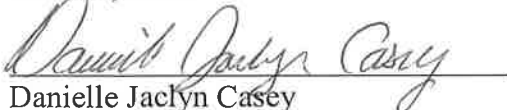
Please be advised that the Creditor designates the following person to be its attorney for Loss Mitigation on this Loan.

Name: Dennis Jose, Esq.
Firm: Gross Polowy, LLC
Phone Number: (716)204-1700
Fax Number: (716)204-1702
Email Address: djose@grosspolowy.com

Dated: June 29, 2018


Ashley N. Nemec
Legal Assistant








Sworn to before me this the 29th day
Of June, 2018


Danielle Jaclyn Casey
Notary Public, State of New York

DANIELLE JACLYN CASEY
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN NIAGARA COUNTY
My Commission Expires April 23, 2022

Retention Option WO/BP Financial Checklist

- **Hardship Letter of Explanation (signed and dated within the last 90 days)**
- **Mortgage Assistance Application/Financial Worksheets/Hardship Affidavit**
 - No box can be left blank or it will be rejected
- **Tax Returns – The most recent years signed income tax return for all borrowers listed on the loan including all schedules and attachments.**
 - Personal: 2016 filed tax return signed and dated with all schedules and attachments. If last year filed was 2015 we need the following: 2016 tax extension, if applicable (e-file needs to be signed and dated).
 - Self-Employed Business: 2016 filed tax return signed and dated with all schedules and attachments, 2017 year to date profit and loss statement. If last filed year was 2015, we need the following: 2016 signed & dated tax extension, and 2016 year to date profit and loss statement.
 - Profit and loss statement must be legible (cannot be handwritten), must clearly display the company's name, must be signed and dated by the borrower and must contain a detailed account of all sources of income and a detailed listing of all business expenses.
 - **If no taxes have been filed and no extension filed, please provide a letter of explanation signed and dated.**
- **Request for Individual Tax Return Transcript (4506-T) - (Borrower portion must match how returns are filed)**
 - Please ensure the correct Tax Form is listed on line 6.
 - Check Box 6a
 - Please ensure the correct Tax Year is listed on line 9 in mm/dd/yyyy format. Must have minimum of last 2 years – 2015 and 2016.
 - Check box "Signatory Attests" above signature line
- **Non-Borrower Financial Contribution Form**
- **Bank Statements are required by both wage earners and self-employed borrowers**
 - 3 months most recent Personal (ALL PAGES - ALL ACCOUNTS)
 - 3 months most recent Business (ALL PAGES - ALL ACCOUNTS)
 - Provide explanation of any deposits outside of the verified income deposits.
- **Proof of Income – Please provide requested documentation of all below income sources that apply:**
 - Paystubs – Must Show Year to Date Earnings dated within the last 90 days:
 - If paid weekly or bi-weekly, provide 30 consecutive days of paystubs and if paid monthly provide the 2 most recent consecutive paystubs
 - If 30 days of paystubs are not available, then a signed and dated letter from employer stating year to date hours and wages on company letterhead dated in last 90 days is required.
 - Need paystubs from all employers including part-time jobs.
 - If 401K loans are present, please provide details of the length of repayment.

- **VA Benefits, Social Security, Pension, Retirement Benefits, or Public Assistance – provide the following:**
 - Written verification of the income, such as an award letter from Social Security, pension statement, or IRS Form 1099.
 - Proof of receipt for the most recent 3 months (payment ledger from the agency making the payments, or 3 months bank statements documenting deposits).
- **Unemployment – Some investors may accept unemployment as a source of income as long as can verify will continue for 9+ months by providing the following:**
 - Letter stating unemployment income and date range or
 - Bank statement showing deposit dated within last 90 days or
 - Copy of current check dated within last 90 days.
- **Alimony and Child Support (only provide if borrower wishes to include as income)**
 - Divorce decree, court order, or separation agreement showing payment amount and frequency plus one of the following:
 -  Most recent 3 months of bank statements showing deposits or
 -  Most recent 3 months of cancelled checks or
 -  Proof of the full payment for the most recent 3 months through evidence from the court.
- **Self Employment – Must be self employed a minimum of 3 months**
 - 4506T – signed and dated
 -  Please ensure the correct Tax Form is listed on line 6.
 -  Check Box 6a
 -  Please ensure the correct Tax Year is listed on line 9 in mm/dd/yyyy format.
 - Year to date profit and loss statement, signed and dated, showing gross income, business expenses and net profit dated within the last 90 days.
 -  Profit and loss statements must be legible (cannot be handwritten), must clearly display the company's name, must be signed and dated by the borrower and must contain a detailed account of the sources of income and a detailed listing of all business expenses.
- **Rental Income – Includes income received from a 2-4 unit primary residence and all investment properties by providing the following:**
 - Signed and dated rental/lease agreement for each rental unit.
 - Complete tax return including Schedule E of the most recent year
 - Most recent 3 months of cancelled checks or most recent 3 months of bank statements showing rental deposits.
 - Ensure all properties are listed on the provided Schedule of REO.
- **Boarder Income**
 - Signed and dated letter from Boarder who is providing assistance to the borrower.
 - Proof of occupancy is required and can be verified by one of the following: copies of bank statements, utility bill, cell phone statement, or other documentation evidencing the boarder's occupancy in the borrower's residence.
 - Copies of the borrower's most recent 3 months of bank statements showing receipt of funds or copies of the most recent 3 months of cancelled checks.
- **Non-Obligor Income (Spouse, Domestic Partner, or Fiancé/Fiancée)**
 - Signed and dated contribution letter stating the relationship to the borrower and amount contributed monthly.
 - Non-Borrower Occupant Certification Form signed and dated within 90 days.
 - Proof of income from the non-obligor to verify the amount can be sustained. Please see above "Proof of Income" bullet point for necessary documentation dated within last 90 days.
 - Proof of occupancy is required and can be verified by one of the following: copies of bank statements, utility bill, cell phone statement, or other documentation evidencing the non-obligor's occupancy in the borrower's residence.

Mortgage assistance application



About you

Borrower

First name

Last name

Social Security number

Date of birth (MM/DD/YYYY)

Phone numbers

Home

() -

Mobile

() -

Work

() -

Mailing address

Street (line 1)

Street (line 2)

City

State

ZIP code

Email address

Co-borrower

First name

Last name

Social Security number

Date of birth (MM/DD/YYYY)

Phone numbers

Home

() -

Mobile

() -

Work

() -

Mailing address

Street (line 1)

☐ Check box and skip to the next page if the address is the same as borrower's

Street (line 2)

City

State

ZIP code

Email address

QUICK TIP

For additional copies of this form, or to complete it digitally, visit **Documents and Forms** on wellsfargo.com/homeassist.

Active duty

Is any borrower an active duty service member?	Has any borrower been deployed away from their home or received a Permanent Change of Station order?	Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you filed for bankruptcy?

<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(skip to the next question)</i>	<i>If yes:</i>	What chapter?	What is your bankruptcy case number?
		<input type="checkbox"/> Chapter 7	<input type="text"/>
		<input type="checkbox"/> Chapter 11	
		<input type="checkbox"/> Chapter 12	When did you file? (MM/DD/YYYY)
		<input type="checkbox"/> Chapter 13	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Was your mortgage reaffirmed?	Has your bankruptcy been discharged?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	

QUICK TIP
Check correspondences with the court for your bankruptcy case number.

Have you contacted a credit-counseling agency for help?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes:</i>	Please provide your counselor's information	
		Agency name	Counselor's name
		<input type="text"/>	<input type="text"/>
		Phone number	
		(<input type="text"/>) <input type="text"/> - <input type="text"/>	
	Email address	<input type="text"/>	

About your property

Your property is a:	Your property is:	How many people live in your property?	What is your intent with your property?
<input type="checkbox"/> Primary residence	<input type="checkbox"/> Owner occupied	<input type="text"/>	<input type="checkbox"/> Keep
<input type="checkbox"/> Secondary residence	<input type="checkbox"/> Renter occupied		<input type="checkbox"/> Sell
<input type="checkbox"/> Investment property	<input type="checkbox"/> Vacant		<input type="checkbox"/> Vacate
			<input type="checkbox"/> Undecided
What is the address of your property that you are seeking assistance on?			
<input type="checkbox"/> <i>Check box and skip to the next page if the address is the same as borrower's</i>			
Street (line 1)		City	State
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street (line 2)		ZIP code	
<input type="text"/>		<input type="text"/>	
Insurance company name		Insurance company phone number	
<input type="text"/>		(<input type="text"/>) <input type="text"/> - <input type="text"/>	
Is your insurance policy current?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			

Is your property tax paid by us through an escrow account?

<input type="checkbox"/> Yes (skip to the next question)	If no:	Are the taxes current?
<input type="checkbox"/> No		<input type="checkbox"/> Yes
		<input type="checkbox"/> No

Is your homeowners insurance paid by us through an escrow account?

<input type="checkbox"/> Yes (skip to the next question)	If no:	Who pays for it?
<input type="checkbox"/> No		<input type="checkbox"/> I do
		<input type="checkbox"/> Paid by condominium or homeowners association

Do you pay condominium, co-op, or homeowners association fees?

☐ Yes

☐ No (skip to the next question)

If yes:

How much do you pay per month?

\$

.

Are your fees current?

☐ Yes

☐ No

Paid to

First name

Last name

Or company name

Street (line 1)

Street (line 2)

City

State

ZIP code

Do you have any additional mortgages on your property?

☐ Yes

☐ No (skip to the next question)

If yes:

Complete the information for your Servicer(s).

Servicer's name

Loan number

Phone number

(

)

-

Balance

\$

.

Servicer's name (if additional mortgages)

Loan number

Phone number

(

)

-

Balance


\$

.


QUICK TIP


Not sure who your Servicer is? Check your monthly mortgage billing statement.


Do you have any additional liens or judgments on your property?

<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to the next question)		If yes: Complete the information for your lien holder(s).	
		Lien holder's name	
		<div></div>	
		Phone number	Balance
		(<div></div>) <div></div> - <div></div>	\$ <div></div> .
		<hr/>	
		Lien holder's name (if additional liens)	
		<div></div>	
		Phone number	Balance
		(<div></div>) <div></div> - <div></div>	\$ <div></div> .

Is your property currently listed for sale?

<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to the "About your employment" section)		If yes: When was your property listed? (MM/DD/YYYY)	
		<div></div> / <div></div> / <div></div>	

Are you engaging an agency/agent to sell your property? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to the "About your employment" section)		If yes: What is the agency/agent name?	
		<div></div>	
		What is the agency/agent's phone number?	
		(<div></div>) <div></div> - <div></div>	

Have you received an offer on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: When was the offer received? (MM/DD/YYYY)		When is the closing date? (MM/DD/YYYY)	
		<div></div> / <div></div> / <div></div>		<div></div> / <div></div> / <div></div>	
		How much is the offer?			
		\$ <div></div> .			

About your employment

Is the borrower employed?

<input type="checkbox"/> Yes	<p>When did the borrower begin their primary job? (MM/DD/YYYY)</p> <div><div></div><div>/</div><div></div><div>/</div><div></div></div> <p>When did the borrower begin their secondary job? (if applicable) (MM/DD/YYYY)</p> <div><div></div><div>/</div><div></div><div>/</div><div></div></div>
<input type="checkbox"/> No	<p>When did the borrower become unemployed? (if applicable) (MM/DD/YYYY)</p> <div><div></div><div>/</div><div></div><div>/</div><div></div></div>

Is the co-borrower employed?

<input type="checkbox"/> Yes	<p>When did the co-borrower begin their primary job? (MM/DD/YYYY)</p> <div><div></div><div>/</div><div></div><div>/</div><div></div></div> <p>When did the co-borrower begin their secondary job? (if applicable) (MM/DD/YYYY)</p> <div><div></div><div>/</div><div></div><div>/</div><div></div></div>
<input type="checkbox"/> No	<p>When did the co-borrower become unemployed? (if applicable) (MM/DD/YYYY)</p> <div><div></div><div>/</div><div></div><div>/</div><div></div></div>

Financial worksheets

All income you receive must be disclosed. Include the combined income and expenses from the borrower and co-borrower (if any). Individuals at your property address who are not on the loan as co-borrowers are considered non-borrowers, and they can contribute income to the review of your loan modification. They should fill out the Non-borrower Financial Contribution Form.

What is your monthly household income?

Example	\$	2,500.00
Monthly gross wages (before taxes and deductions)	\$	.
Overtime	\$	.
Tips, commissions, and bonus income	\$	.
Other monthly income from retirement plans, pension plans, and veteran benefits	\$	.
Nontaxable Social Security and Social Security Disability Insurance	\$	.
Taxable Social Security benefits	\$	.
Boarder income	\$	.
Rental income	\$	.
Child support, alimony, and separate maintenance	\$	.
Food stamps and welfare	\$	.
Self-employment income	\$	.
Unemployment income	\$	.
Other income, including investment income and royalties	\$	.
Total	\$	.

QUICK TIP

If you have rental income from more than one property, there is an additional Schedule of Real Estate Owned form you may print and include with your application.

You can find it under **Documents and Forms** on wellsfargo.com/homeassist.

What are your household assets?

Checking account(s)	\$	.
	\$.
Savings/money market account(s)	\$	.
	\$.
Certificates of deposit (CDs)	\$	.
	\$.
Stocks and bonds	\$	.
	\$.
Other cash on hand	\$	.
Estimated value of real estate beyond this property	\$	.
Other	\$	.
Total	\$	.

QUICK TIP

Do not include retirement plans when calculating assets (401(k), pension funds, IRAs, Keogh plans, etc.).

What are your monthly household expenses and debt?

First mortgage payment	\$	.
Property taxes	\$	.
Homeowners insurance	\$	.
Homeowners association fees and condominium and co-op fees	\$	.
Second mortgage payment	\$	.
Additional mortgage payments on other properties	\$	.
Rent	\$	.
Utilities (water, sewer, gas, oil)	\$	.
Internet, cable/satellite, and home/mobile phone	\$	.
Credit cards	\$	.
Personal loans	\$	.
Tuition	\$	.
Installment loans	\$	.
Auto loans	\$	.
Auto leases	\$	.
Car insurance, gas, and maintenance	\$	.
Health insurance (not withheld from pay) and medical expenses	\$	.
Life insurance premiums (not withheld from pay)	\$	.
Child support, alimony, and separate maintenance	\$	.
Child care	\$	.
Home maintenance	\$	.
Groceries	\$	.
Religious contributions and charitable contributions	\$	.
Other	\$	.
Total	\$	.

QUICK TIP

If you have more than one property, there is an additional Schedule of Real Estate Owned form you may print and include with your application.

You can find it under **Documents and Forms** on wellsfargo.com/homeassist.

QUICK TIP

The second mortgage payment refers to a second mortgage on the same residence you are seeking assistance on (not another property).

QUICK TIP

A fixed term installment loan usually requires a set of scheduled repayments over time, e.g., student loan.

Hardship affidavit

Answering the following questions will help us better assess your financial hardships and determine what relief options are right for you.

<p>This hardship began: (MM/DD/YYYY)</p> <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div></div>	<p>We believe that this hardship is:</p> <div><input type="checkbox"/> Short term (less than 6 months)</div> <div><input type="checkbox"/> Long term or permanent hardship (12+ months)</div> <div><input type="checkbox"/> Medium term (6-12 months)</div>
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We have difficulty making our monthly payment because of:
Check all of the financial difficulties that are relevant to you and describe each in a few sentences.

<div><input type="checkbox"/> Reduced household income due to circumstances outside our control<ul style="list-style-type: none">• Reduced pay or hours• Elimination of overtime</div>	<p><i>Explain in a few sentences . . .</i></p>
<div><input type="checkbox"/> Behind on overall monthly debt payments<ul style="list-style-type: none">• Credit cards• Mortgage• Student loans</div>	
<div><input type="checkbox"/> Increased expenses<ul style="list-style-type: none">• Utilities or property taxes• Medical or healthcare costs• Uninsured losses• Employment relocation</div>	
<div><input type="checkbox"/> Insufficient liquid assets to maintain current mortgage payment and cover basic living expenses at the same time<ul style="list-style-type: none">• Cash on hand• Certificates of deposit (CDs)• Savings accounts</div>	
<div><input type="checkbox"/> Unemployment or underemployment</div>	

<input type="checkbox"/> Natural or man-made disaster adversely impacting the property or place of employment	
<input type="checkbox"/> Business failure or decline in business earnings	
<input type="checkbox"/> Divorce or legal separation, or separation unrelated by marriage, civil union, or similar domestic partnership under applicable law	
<input type="checkbox"/> Long-term or permanent disability, or serious illness, affecting us or a dependent family member	
<input type="checkbox"/> Death of either the primary or secondary wage earner in the household	
<input type="checkbox"/> Other	

Acknowledgment and agreement

I/We understand that I/we will be considered for all mortgage assistance options available to me/us. I/We certify as follows:

1. That all of the information in this affidavit is true and accurate and the events identified are the reason that I/we need to request a modification of the terms of my/our mortgage, short sale, or deed in lieu of foreclosure.
2. I/We understand that the Servicer may pull a current credit report on all borrowers obligated on the Note.
3. I/We understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud, or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement and may pursue foreclosure on my/our home and/or pursue any available legal remedies.
4. I/We are willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
5. I/We understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification, short sale or deed in lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
6. If I/we are eligible for a modification, repayment plan, or forbearance plan, and I/we accept and agree to all terms of such plan, I/we also agree that the terms of this acknowledgment and agreement are incorporated into such plan by reference as if set forth in such plan in full.
7. My/Our first timely payment following my/our Servicer's determination and notification of my/our eligibility or prequalification for a modification, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the modification, repayment plan, or forbearance plan.
8. I/We agree that when the Servicer accepts and posts a payment during the term of any repayment plan, modification, or forbearance plan, it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my/our loan or foreclosure action and related activities and shall not constitute a cure of my/our default under my/our loan unless such payments are sufficient to completely cure my/our entire default under my/our loan.
9. I/We agree that any prior waiver of an escrow account requirement for this loan may be revoked and an escrow account may be established, upon execution of this agreement, and in accordance with investor guidelines.
10. I/We understand that the Servicer will collect and record personal information, including, but not limited to, my/our names, address, telephone number, Social Security numbers, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/We understand and consent to the disclosure of my/our personal information to (a) any investor, insurer, guarantor or Servicer that owns, insures, guarantees, or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (b) companies and/or individuals that perform support services in conjunction with home preservation mortgage assistance efforts; (c) auditors, including but not limited to independent auditors, regulators, and agencies; and (d) any HUD-certified housing counselor.
11. I/We understand that the Servicer may investigate the accuracy of my/our statements, including contacting my/our employer(s) for verification of employment and/or salary information, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate federal law and may result in foreclosure.

Borrower signature(s)

The undersigned certifies under penalty of perjury that all statements in this document are true and correct:

Borrower's signature		
<div></div>		
Date (MM/DD/YYYY)		
<div></div>	/	<div></div>

Co-borrower's signature		
<div></div>		
Date (MM/DD/YYYY)		
<div></div>	/	<div></div>

Helpful hints for completing IRS form 4506-T

We require a signed, dated, and completed copy of IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower. Borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed, dated, and completed by both of the joint filers.

Below are instructions for completing this form:

Line 1a	The borrower's name must be printed clearly, exactly as it appears on the last tax return.
Line 1b	The borrower's social security number should be printed clearly with all nine digits displayed. (Format: 123-45-6789.)
Line 2a	If a joint return was filed, print the spouse's name clearly, exactly as it appears on the last tax return.
Line 2b	If a joint return was filed, the spouse's Social Security number should be printed clearly with all nine digits displayed. (Format: 123-45-6789.)
Line 3	This is the current borrower's address, including street address, city, state and ZIP code. If applicable, include apartment, room, or suite number.
Line 4	If the address on the last tax return is different from the current address, insert the address used on the last tax return here.
Line 5	This has been pre-filled. No action is required.
Line 6	The borrower must enter their tax form number.
Line 6a	This has been prefilled. No action is required.
Lines 6b & c	These sections are not applicable and require no action.
Lines 7 & 8	These sections are not applicable and require no action.
Line 9	Enter the year of your most recently filed tax returns.
Signatory attests	Please check this box to confirm that you have the authority to sign the form 4506-T. This is an IRS requirement.
Signature	The primary taxpayer should sign on the signature line. If the primary taxpayer is not signing, a spouse should sign in the spouse's signature line. It is only necessary for one of the filers of a joint return to sign this form. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer will need to sign the form.
Date	A date is required with each signature.

Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Equifax, 11432 Lackland Rd. St. Louis, MO 63146	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☒

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> Signature (see instructions) </div> <div style="width: 50%;"> Date </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> Title (if line 1a above is a corporation, partnership, estate, or trust) </div> <div style="width: 50%;"> Date </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> Spouse's signature </div> <div style="width: 50%;"> Date </div> </div>	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301	855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888	855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999	855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409	855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250	855-800-8015

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.